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Date: 10 May 2006

Pages: 22


To: Examiner William F. KRAIG.

From: Brian C. Altmiller

GAU 2815

Fax No.: 571-273-8300

Applicant: AOKI Serial No.: 10/790,211 Filed: March 2, 2004 Title: SEMICONDUCTOR DEVICE HAVING TRENCH GATE STRUCTURE AND METHOD FOR MANUFACTURING THE SAME	Atty. Dkt.: 01-562 Art Unit: 2815 Examiner: William F. KRAIG Confirmation No.: 1016
Attached: <ul style="list-style-type: none"> <li>• Amendment Transmittal Form (1 page)</li> <li>• Fee Transmittal Form, including authorization to charge \$120.00 to Deposit Account 50-1147 (1 page)</li> <li>• Petition for Extension of Time, one month (1 page)</li> <li>• Amendment Under 37 CFR 1.111 (18 pages)</li> </ul>	

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Type or printed name	BRIAN C. ALTMILLER		
Signature		Date	May 10, 2006

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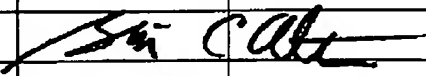
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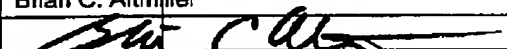
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/790,211
	Filing Date	March 2, 2004
	First Named Inventor	AOKI
	Group Art Unit	2815
	Examiner Name	William F. KRAIG
	Attorney Docket Number	01-562

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):   
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Posz Law Group, PLC
Signature	
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